

FEE CALCULATION

Any additional fee required has been calculated as follows:

☒ If checked, "Small Entity" status is claimed.

	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY			LARGE ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE	OR	RATE	ADD'L FEE
TOTAL CLAIMS	28 MINUS	57	= 0	x \$25	\$0.00		x \$50	\$
INDEP CLAIMS	6 MINUS	13	= 0	x \$100	\$0.00		x \$200	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$180	PAID	OR	+ \$360	\$
					\$0.00			\$

The U.S. Patent and Trademark Office is hereby authorized to charge and deficiency or credit any overpayment of fees associated with this communication to Deposit Account No. 01-2300 referencing docket number 027705.00024.

Under the paperwork Reduction Act of 195, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENTION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 027705.00024	
Application Number 09/756,096		Filed January 8, 2001	
For METHODS AND COMPOSITION FOR SUE IN SPLICEOSOME MEDIATED RNA <i>TRANS</i> -SPLICING			
Art Unit 1633		Examiner Janet L. Epps Ford	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Large Entity Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	<u>\$225.00</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **01-2300 (Referencing Docket No. 027705.00024)**. I have enclosed a duplicate copy of this sheet.

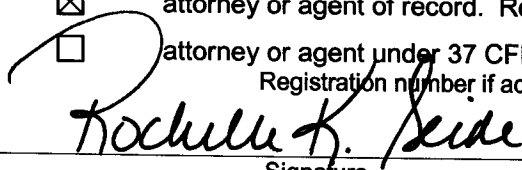
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number **32,300**

☐ attorney or agent under 37 CFR 1.34
Registration number if acting under 37 CFR 1.27 _____



Signature

June 6, 2006

Date

Rochelle K. Seide, Ph.D.

Typed or printed name

(212) 484-3945

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.